

Kansas City, Missouri Police Department
Private Officers Licensing Section DISCHARGE OF FIREARM

INCIDENT SCENE	Date of Incident	Time	Location of Occurrence			
	Incident Occurred <input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors	Lighting Conditions <input type="checkbox"/> Daylight <input type="checkbox"/> Night <input type="checkbox"/> Dawn <input type="checkbox"/> Dusk <input type="checkbox"/> Poor Artificial <input type="checkbox"/> Good Artificial		Purpose of Report <input type="checkbox"/> Accidental Discharge <input type="checkbox"/> Intentional		
PRIVATE OFFICER INVOLVED	Name				Sex <input type="checkbox"/> M <input type="checkbox"/> F	D.O.B.
	Company Name	Company Address		Member Injured <input type="checkbox"/> Yes <input type="checkbox"/> No	Member in Uniform <input type="checkbox"/> Yes <input type="checkbox"/> No	
FIREARM INFORMATION	Weapon Serial Number	Make/Manufacturer	Model	Caliber/Gauge	Type of Ammunition Used	
	Number of Shots Fired	Specific Direction of Shots Fired <input type="checkbox"/> North <input type="checkbox"/> Northeast <input type="checkbox"/> East <input type="checkbox"/> Southeast <input type="checkbox"/> South <input type="checkbox"/> Southwest <input type="checkbox"/> West <input type="checkbox"/> Northwest			General Direction of Shots Fired <input type="checkbox"/> Downward <input type="checkbox"/> Upward <input type="checkbox"/> Both	
	Weapon Type <input type="checkbox"/> Revolver <input type="checkbox"/> Rifle <input type="checkbox"/> Shotgun <input type="checkbox"/> Semi-Automatic <input type="checkbox"/> Other (Specify) _____					
INCIDENT CHARACTERISTICS	Object Struck <input type="checkbox"/> Person <input type="checkbox"/> Animal (Specify) _____ <input type="checkbox"/> Object <input type="checkbox"/> Structure <input type="checkbox"/> Other (Specify) _____			Action of Person or Animal Struck <input type="checkbox"/> Moving <input type="checkbox"/> Running Direction _____ <input type="checkbox"/> Immobile <input type="checkbox"/> Standing <input type="checkbox"/> Barricaded <input type="checkbox"/> Lying <input type="checkbox"/> Other (Specify) _____		
	Were there any injuries to an individual? <input type="checkbox"/> Yes <input type="checkbox"/> No		Sex <input type="checkbox"/> M <input type="checkbox"/> F	Race	Date of Birth	Action of Member <input type="checkbox"/> In Vehicle <input type="checkbox"/> Moving <input type="checkbox"/> Standing <input type="checkbox"/> Sitting <input type="checkbox"/> Not Moving <input type="checkbox"/> Lying <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Running
	(If Yes) Name					
	Were citizens present? (list in narrative) <input type="checkbox"/> Yes <input type="checkbox"/> No			Were other private officers present? (list in narrative) <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Where were citizens? (explain in narrative) <input type="checkbox"/> Front <input type="checkbox"/> Side <input type="checkbox"/> Behind			Where were officers? (explain in narrative) <input type="checkbox"/> Front <input type="checkbox"/> Side <input type="checkbox"/> Behind		
	Distance between reporting member and object when first shot was fired <input type="checkbox"/> 0 – 5 FT. <input type="checkbox"/> 6 – 10- FT. <input type="checkbox"/> 11 – 15 FT. <input type="checkbox"/> 16 - 21FT. <input type="checkbox"/> over 21 FT					
PERSONNEL RESPONDING	Responding Supervisor (if applicable)					
	KCPD Responded: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Report Number _____					

NARRATIVE

Briefly describe nature of the incident / encounter.

SIGNATURES	Reporting Officer (Print)	Company Representative
	Signature _____ Date _____	Signature _____ Date _____